## **APPLICATION**

## PRE-APPRENTICESHIP TRAINING PROGRAM FOR HIGHWAY CONSTRUCTION CAREERS

## PLEASE ANSWER ALL THE QUESTIONS and PLEASE PRINT

Mr. or Ms. (Circle One) Name:					
Address:	Apt #: _		_City	Zip	
Phone ()	E-mail addı	ress, if av	ailable		
Education, circle one: G.E.D. H.S. diploma	College 1	2 3 4	other (technical)		
1. Do you have a valid AZ Driver's License:	YES	NO	WORKING ON	NIT	
2. Do you have a vehicle for transportation:	YES	NO	WORKING ON	1 IT	
3. Are you eligible to work in the U S:	YES	NO			
List employment or experiences that would rela	ate to highway o	construction	on, paid or unpaid. (i.e.,	hobbies, remodeling,	etc.)
Why are you applying for this program?					
How did you hear about this program?					
Can you make a 6-week commitment to attend	this class from	8 a.m. to	3 p.m. Monday through	Friday? YES	NO
If you are not selected for this session, do you	wish to be cons	sidered fo	r a later session?	YES NO	
I verify that the statements made on this applica	ation are true a	nd correc	t.		
Signature:		Date:			
If there is any other information that you feel wo	ould be helpful,	please in	clude it here		
Questions? Call Mary M. Cook, Program Coo	ordinator, at 602	2-712-776	1 or Bob Chasan, Class	Instructor, at 602-238	-4365.
Mail completed application to:  Mary	/ Cook, Prograr	n Project	Specialist II		

Mary Cook, Program Project Specialist II
Arizona Department of Transportation Civil Rights Office
1135 North 22<sup>nd</sup> Avenue, MD154A
Phoenix, Arizona 85009

**OR FAX to:** 602-712-3123